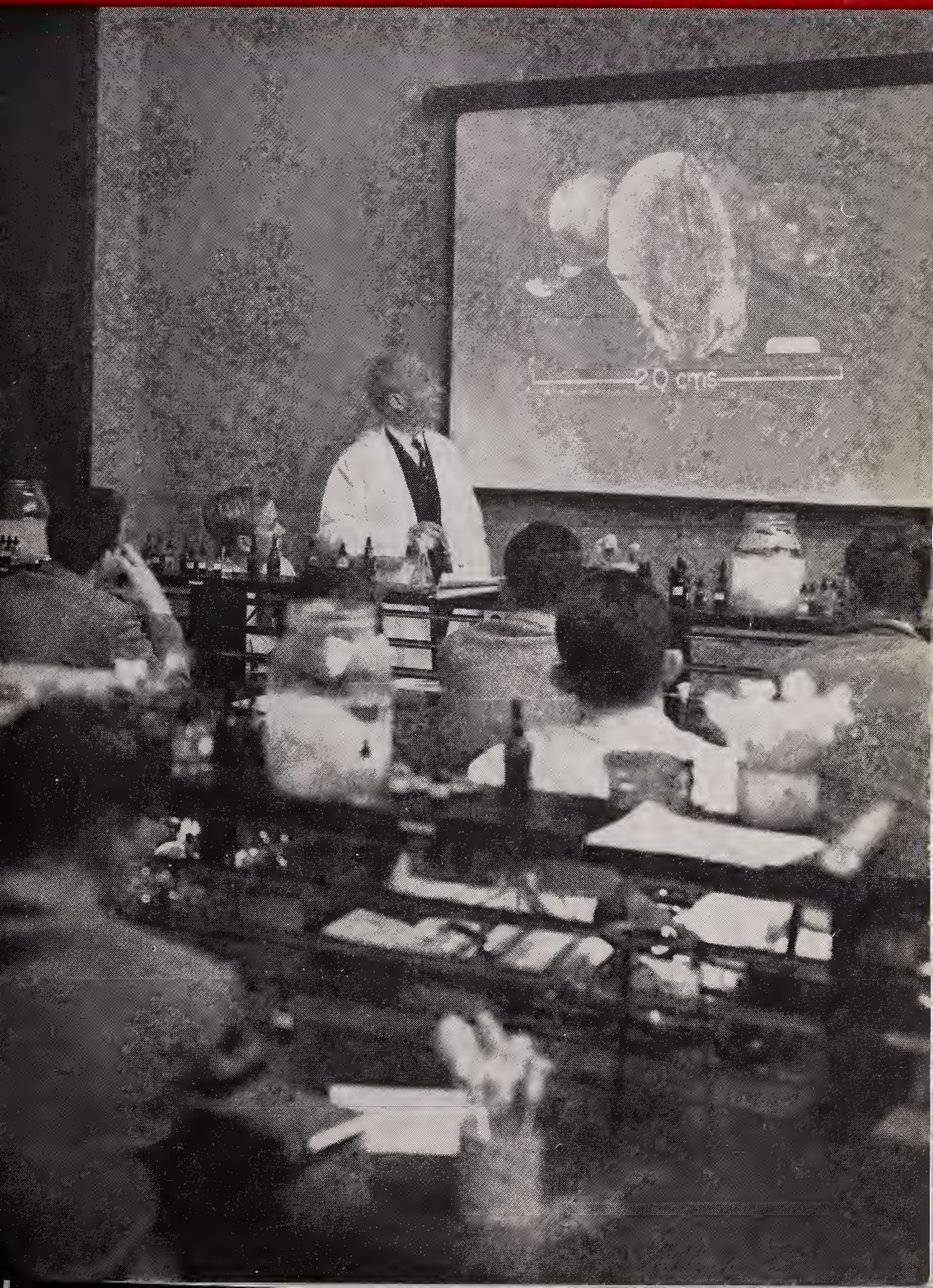
# HARVARD MEDICAL ALUMNI BULLETIN

April, 1953



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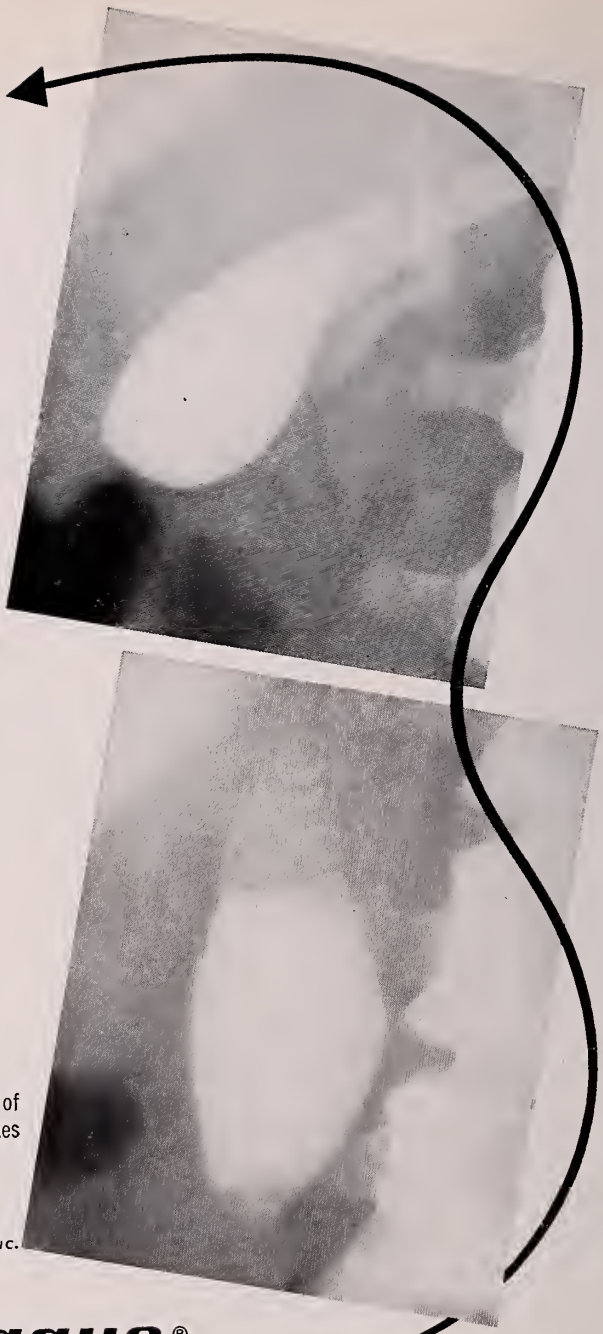

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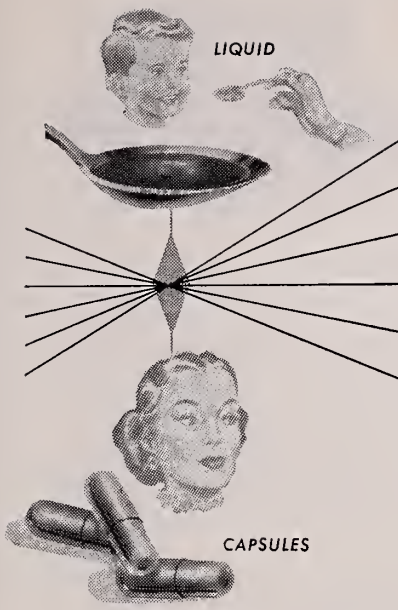


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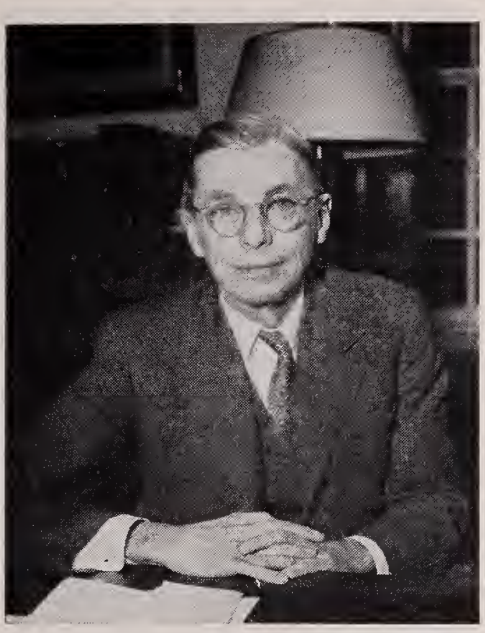
# Harvard Medical Alumni Bulletin

VOLUME 27 APRIL 1953 NUMBER 3



## Contents

# *Mr. Conant's Last Faculty Meeting*



The Special Meeting of the Faculty of Medicine held on January 21st was an unusual and, indeed, a memorable occasion in the history of the School. It was called in honor of Mr. Conant and was the last time that he would attend a Faculty meeting at the Medical School as Presiding Officer.

Our flag was flying over the Administration Building to signify the importance of the day. The Faculty Room—newly decorated and painted—was extended to its full seating capacity. The appearance of the room added dignity and sentiment to the meeting; the spirit of former members of the Faculty who had played important parts in building up the School seemed to be present, like everyone else, wishing to bid Mr. Conant farewell—John Warren whose portrait hangs over the fire-place, Benjamin Waterhouse, whose clock in the corner has serenely ticked away seconds, minutes, hours and years of Harvard history since 1790, Calvin Ellis who welcomed President Eliot when he attended his first Faculty meeting on November 1, 1869 and established the precedent for the President of the University to take an active interest in the affairs of the School, Henry Christian who accompanied Mr. Lowell when he came to his first Faculty meeting, David Edsall who was Mr. Conant's first dean, and all the other deans and professors whose portraits adorn the walls.

Promptly at four o'clock Mr. Conant entered the room escorted by the Dean. He sat at the head of the large table in the Professor's Chair, that curious old chair first used in the new Grove Street building in 1847, and after 1883 known as the President's Chair as it moved to the Faculty Room in Exeter Street and from there to the one in our present building. Dean Berry sat on the President's right with Dean Greep on his left, the rest of the chairs at the table being occupied by senior professors of whom several had been at the meeting on October 6, 1933 when Mr. Conant presided for the first time. Every nook and cranny of the rest of the room was filled to overflowing with other members of the Faculty—professors, associate professors, assistant professors down to instructors of junior rank who but recently had received Corporation appointments entitling them to be present. In all, there were one hundred and fifty-eight members of the Faculty in the room with an additional thirty who stood in the doorways and corridors. By all odds it was the largest meeting of the Faculty ever held.

In accordance with custom, Mr. Conant called the meeting to order. At once Dean Berry arose to introduce him, asking for the floor as the Faculty's representative. After Dr. Berry's introduction, the President replied, speaking informally and simply. When he finished, the applause was so vigorous and spontaneous that Mr. Conant must have realized, in part at least, how sincerely the Faculty had appreciated his interest in the School and his efforts on its behalf during the past twenty years. It was a heart-warming and interesting afternoon; none who were present can ever forget it.

*Dr. Berry's Introduction*

Mr. President: May I claim the floor for a moment as the Faculty's representative at today's meeting?

First, I want to express our appreciation to you for creating—almost literally creating—an hour that did not exist in your dreadful schedule of these last days to make possible today's meeting of the Faculty of Medicine. You will be interested to know that this is the 67th time you have presided here. At your first meeting, twenty years ago, 49 members of the Faculty welcomed you, and of these 17 are still in active status today.

I offer our collective thanks to you for coming to so many of our meetings, for guiding our discussions and for sharing your wisdom with us. I want to express a conviction in which I believe we all share: the necessity for medical schools to operate in a university framework if they are to continue to move forward with the times. In my short period at Harvard, your own strength and insight have been enormously important in bringing the Medical School and the Affiliated Hospitals closer and closer to the University. I wish to say publicly, too, how much I owe personally to your constant help in the construction of strong, two-way bridges across the Charles.

Dr. Burwell, who served as Dean under you for fourteen years, had to be in Nashville today filling a long-standing engagement to lecture at Vanderbilt. He wrote to express his great disappointment at not being here. In his letter, he stressed the contribution of the University to the School that he had observed growing constantly under your guidance during the years of his deanship. He asked me to add his word of deep appreciation for your help.

Mr. President, I shall now quote a few of the sentences from the Faculty Records that were spoken at another meeting—the last meeting of the Faculty held under another president.

"Sir, this Faculty, as a part of the University, recognizes you as a builder of the University. Its members, as men and citizens, appreciate what you have done for American education, and for the promotion and earnest pursuit of high ideals in every walk of life. You have preached the gospel of service with a voice that has reached to the uttermost parts of the country. But actions are louder than words, practice is mightier than preaching, and no one more conspicuously and persistently than you, Sir, has set an example of service.

"We could not refrain from touching on your larger activities, but here and now it is what you have done for the Medical School, for medical education, for medicine in the largest sense, that our minds and hearts are full.

"You, Sir, as few laymen, see the signs of the times; you have promoted the phenomenal growth of modern medicine, you have converted the position of the layman into a vantage point, and your horizon has sometimes been wider than that of ours as specialists. It would be flattery to say that we think you have always been right, and we are not minded, even upon this occasion, to indulge in flattery. Honest differences of opinion have arisen as they always will.

"You have been the father of the Faculties, as it were, which you have wisely guided and, at times, perhaps wisely chided. After laying aside your active responsibility we know that your interest in the University will be no less fresh, no less lively. We trust that your Faculties may long yield you pleasure and satisfaction in as full measure as they will render you affection and respect. It seems not inappropriate for the Faculty of Medicine to paraphrase the words of St. Luke, the Physician: All generations of Harvard men shall call them blessed. *Ave sed non vale.*"

By this time, everyone will know that I did not write these words—I lack the skill for such graceful expression. They are taken from the remarks made on behalf of the Faculty of Medicine to Mr. Eliot by Dr. Frederick C. Shattuck on May 1, 1909, when the members assembled for Mr. Eliot's last meeting.

They say to you, Sir, far better than I can, a few of the things that all of us feel

today. Beyond that, their extraordinary pertinence for our times points to something that you are wont to stress—the immortality of universities and the enduring nature of sound academic thinking and action. This we owe, in our generation, very much to you.

Your acceptance of the enormous burdens and responsibilities of the post of High Commissioner for Germany—an inestimable gain for the nation's security and the world's stability—is a great and special loss to Harvard University and the Harvard Medical School. We know this well. And so, Mr. President, as you are about to change into Mr. High Commissioner for Germany—our HICOG—we wish you Godspeed and tell you that our everlasting appreciation and thanks for your leadership at Harvard go with you.

*The President's Reply**

Dean Berry and Members of the Faculty: I sincerely appreciate so large an attendance, especially on such short notice, at this meeting—the last meeting of the Faculty of Medicine at which I shall preside. I appreciate, too, Dean Berry's kind remarks very much indeed. I need not say with what sorrow I leave my friends at Harvard. On September first, by vote of the Corporation, I shall become President *Emeritus,* so that at least my sentimental and honorary connections with the University will not be lost.

For me to lay down my responsibilities as President would be justified only if I were assuming new duties which are challenging and of great importance. That the position of High Commissioner to Germany is challenging no one who reads the newspapers can deny. I believe that the fate of our country is closely associated with the fate of Europe; unless Europe can be depended upon there is little chance for our own salvation. I believe that the situation in Germany, with all its complexities and perplexities, is perhaps the key to Europe. Those in whose opinion I have confidence have said that I am the man to undertake the difficult assignment of serving as High Commissioner there. Because of the difficulties entailed in this task and because of my own conviction that its satisfactory completion is so essential to the future of our civilization, I feel justified in leaving Harvard.

I have not come to the Medical School today, however, to speak about Europe and my personal problems, but to say a few words about my relations with this Faculty and about its future as a part of the University.

The unfailing spirit of kindness, friendship and co-operation which I have enjoyed in the Medical School over the years is something I have appreciated deeply. Even when the Faculty and I have disagreed, I have always enjoyed coming here and attempting to help in the solution of the School's problems.

Dr. Berry's reading from the remarks made to President Eliot in 1909 upon his retirement has reminded me of a story that Mr. Eliot told when I was a young assistant professor living in the room in Holworthy Hall which Mr. Eliot had himself occupied as a young member of the Faculty. He was the first to equip it with gas and gas lights and these were still there, an accomplishment regarded by men of my age as evidence of his unusual foresight.

At that time, in Cambridge, there was an institution known as the Memorial Society. Its members decided that it would be most interesting to persuade Mr. Eliot (he was almost ninety years old at the time) to come over once again into his Holworthy room for an evening to speak of his experiences at Harvard.

A handful of us had gathered in the room and Mr. Eliot began by speaking of the Civil War and his problems in connection with it—problems strangely reminiscent of those being faced by many of you today.

Finally, at about ten o'clock, he came to his first year as President. He went on to describe the first meeting of the Faculty of Medicine at which he presided. This meet-

*Abstracted from stenographic notes made while Mr. Conant was speaking.

ing made a great impression on him. Looking back to 1870, he said, he sometimes used to think critically of the old Medical School, regarding it as a private venture—which indeed it was—in which the professors had a certain pecuniary interest, although their main interest as public-spirited men was to promote medical education and train practitioners.

At about Mr. Eliot's third meeting someone had said, "Mr. President, I don't understand what is going on here. We have had a long period of success, using our own ways, but now everything is suddenly being changed and new schemes are being proposed. What is the cause of all this?"

Mr. Eliot replied, "Sir, you have a new President!"

As I see the relationship of the Medical School, and of all the other Faculties, to the University, it is one of co-ordinated decentralization. During my administration, I have emphasized the independence of each Faculty, trying through the mechanism of having the President the presiding officer of each Faculty, and a central Corporation controlling all appointments and funds, to achieve within the University both the benefits of independence and of co-operation.

Mr. Eliot stimulated far-reaching reforms in medical education, developing the School from a private enterprise to its present structure. I like to think that, particularly during the last six years, I may have been of some help in the solution of problems which developed after the War and which are still of great concern to the School and the Affiliated Hospitals.

In retrospect, difficult problems, mounting in importance after 1945, were undreamed of when I took office in 1933. Yet they were inherent in changes then going on.

The days of the depression of 1929 seem a long way off. While writing my last *Report* to the Board of Overseers, I reviewed certain figures to show how the climate of opinion has changed since 1933, and arbitrarily divided this twenty-year period into three intervals of about equal length: the years of the Great Depression, the years of the War against the Axis Powers and the years of the Global Struggle with Russian Communism. I do not wish to imply by such an arbitrary division that I believe the struggle with Russian Communism is over, for my opinion is quite the contrary.

When I took office budgets had been cut drastically. Yet I recorded with great satisfaction in an early *Report* to the Board of Overseers that although 85 per cent of American universities had been compelled to cut salaries, Harvard had avoided this even though Mr. Lowell had raised salaries substantially in 1927 and again in 1930. During the years of the Great Depression, someone was supposed to have asked about the future of privately endowed universities, to which the reply was made that they had no future. Only after the Tercentenary year did funds start again to flow into Harvard University.

After the War, it appeared as though Medicine were about to enter new phases of activity, for which the School was not wholly prepared. I refer to the fact that hospitals began to become increasingly concerned in problems of research which heretofore they had not attempted to attack. It seemed to me that this trend was potentially dangerous and that it might encourage the development of "hospital schools" like those of Great Britain. I persuaded the School, therefore, to establish a Standing Committee to work in co-operation with the teaching hospitals, at least to the extent of closer exchange of information in regard to future plans. Many of the Faculty know of the negotiations necessary to establish a working committee for this purpose. The Faculty will, I hope, think the results of the lengthy deliberations entailed in setting up this committee have been worth the effort. I am glad to report today that the Standing Committee held a most satisfactory meeting last week. Without anticipating too much, I think it fair to say that for the first time both School and hospital representatives saw a way in which a mutual effort to raise money for certain activities could be

launched. Even more pleasing to me, and I am sure it will be to you, was the fact that all present showed by what they said and what they proposed to do, their complete confidence in Dean Berry, placing in his hands a great deal of responsibility for planning the future.

I cannot say what my successor will do in regard to this matter. I feel sure, however, that he will, at the outset anyway, leave to the wise guidance of your Dean the problem of making the relations between the Affiliated Hospitals and the School ever closer.

I have had the opportunity of serving this Faculty during the administration of three Deans: Dr. Edsall, Dr. Burwell and, now, Dr. Berry. Each has had his own problems to face and each has solved them well. I know that Dean Berry will welcome the new President warmly and I ask you, too, to be sympathetic with him. Help him to learn about the School and its affairs as best you can.

The University has a long past and will have a long and significant future. Barring global war, I venture to predict that twenty years from now universities throughout the United States will be more significant than they are at present. So, too, will medical schools be more significant because of the tremendous advances in the application of science to medicine.

I say "Goodbye" with great confidence in the future of the Medical School. At present it is located in a great medical center which as yet has not reached its full potentialities. It will always be hazardous for the future of both the School and the Affiliated Hospitals unless a spirit of mutual co-operation and restraint exists. This spirit is now growing in strength.

And so, once again, I express my appreciation for the friendly reception always given to me during the past twenty years by the members of this Faculty, for their tolerance for my ideas, and for their co-operation in many endeavors that have brought about in recent years a closer union between the Hospitals and the School. It has been a great privilege to be the presiding officer of such a distinguished Faculty. Collectively and individually, I wish you well.

# *El Páncreas*

Franz J. Ingelfinger, '36
*Associate Professor of Medicine, Boston University School of Medicine*

*An account of a trip which Dr. Ingelfinger recently took to Mexico*

The Zocalo in Mexico City is the city's ancient square. Underneath its dusty walks and spotty grass, Aztec and probably older ruins lie in successively deeper strata. To the north is the massive cathedral; east and south are buildings of the government; and westerly stands the Hotel Majestic where, according to hitherto unpublished personal observations, local color may be found either by gazing from your hotel-room window, or by watching the antics of a cockroach in your cup of tea. The vista from the window reveals the cross-currents of life in the Zocalo. Soldiers, secretaries as smartly dressed as any in the United States, barefoot porters bent forward and shuffling along under their huge loads as if beset by Parkinsonism, tourists, churchgoers at least momentarily devout, kids wrestling on the grass, loafers and sleepers, and ragged families cooking as well as eating in squatting sidewalk groups—all these are—in the language of the radiologist—well visualized. If you long for more intimate contact with this local color, you may walk on the Zocalo. It took me, for example, less than 5 minutes to meet a small, voluble fellow who barged in front of me from the right, while another unquestionably colorful Mexican hit me from the left rear. After several minutes—well, Mexico City is 8,000 ft. up, and I'm sure my arterial oxygen saturation must have been at least 10 per cent lower than in Boston—I desperately clutched myself like a dextrocardiac with angina. My economic heart was still in place, as was my passport, but my fountain pen presumably is writing in Spanish at present.

The loss of a fountain pen is a disheartening blow to the morale of a man about to attend a medical meeting. How, without this mnemonic crutch, can the expected avalanche of information be abstracted and recorded for later contemplation and digestion? How, without it, can determination be implemented, determination to listen more and dream out less? Lost in the anticipatory zeal of the pre-meeting phase are recollections of the invariable behavior of the pen at other meetings: first day—notes; second day—doodles; third day—names of VIPs, room numbers for drinks, perhaps addresses of bars and joints; fourth day et seq.—rest, complete and undisturbed. Thus I, deprived of my pen at the acme of my good intentions, set off, shaken and disheartened, for the medical meeting at the Seguro Social. Any Mexican taxi will take you there—for two pesos from the Zocalo if you're a Mexican, or for three if you're a tourist with backbone, like my wife. I paid four.

The Seguro Social on the proudest street in Mexico, the Paseo de la Reforma—to be enunciated with a real lift and roll—is one of the many arresting modern buildings that enoble an otherwise sprawling and dirty city. Basically massive layer cakes of glass and cement, these buildings are shaped with subtle curves and elegance. They are modern but for some reason escape that "I've got to be different" aura which hovers about so many of our modern buildings. Yet I must not praise the substance of the Seguro Social too much, for its spirit is anathema to many. In Mexico, social security (which is what Seguro Social stands for) means government-controlled health insurance for the worker. Please don't stop reading here, however. My reasons for going to the Seguro Social were perfectly *de rigeur*. Many of the wealthiest physicians in Latin America also attended the meeting there, and the income of one of them is rumored to require exponential mathematics for presentation. He is a surgeon. The rank and file of Mexican physicians, however, appear to drive Plymouths, Fords and Chevrolets. They are not lacking the es-

sentials, but their mean income would not yield the type of graph that "Medical Economics" would print with pride. As for the fees paid to the doctor by the Seguro Social, no internist who has received $3.00 for three hours of work from the Blue Shield can rival the contemptuous resentment with which his Mexican colleague regards payments from the Seguro Social.

The occasion for going to the Seguro Social was the "3a. JORNADA PANAMERICANA DE GASTROENTEROLOGIA Y ler. CONGRESO NACIONAL DE GASTROENTEROLOGIA." This meeting began on a Sunday evening with a "Reunion en el Hotel del Prado, Salón de los Candiles" and ended on Saturday noon with a "Recepción en el Departamento Central." Sandwiched between these festive endpieces were 90 papers and presentations, all dealing more or less with the pancreas. To belabor this 5½ x 2 x 1 inch organ, oodles of doctors were at hand, not only from Central but also from North and South America.

Europe likewise was represented. From France, there was Pierre Mallet-Guy, one of Smithwick's few terrestrial rivals for total number of sympathectomies performed. Short, rather stocky, with meticulously combed white hair setting off a florid yet youthful face, Mallet-Guy in his actions was the epitome of the Frenchman. When a wrong slide was projected during his talk on "Tratamiento de las pancreatitis por intervenciones sobre el simpático," the response was immediate. Staccato and petulant "No, No, NO!" came from him like machine gun fire, each "no" punctuated by a resounding smack of the fist on a metal table. The only German present—presumably a "good" German—looked like a "good" German: quiet, elderly and rather dull in finish. An outstanding internist in the Western Zone, Dr. Gerhardt Katsch has the misfortune of living just to the east of the Iron Curtain. Apparently to those toughened by experience, the daily commuting to and from work through the Curtain offers no impenetrable obstacles. As a matter of fact,

Mexican Pyramid

a certain amount of international agility may be acquired thereby. Dr. Katsch, for example, although a resident of a country unrecognized in the Americas, appeared no more harried or frustrated than many a bearer of a good green U.S. passport.

The doctor from Spain was tall, bald and imposingly handsome. Flash-happy with an I'm-everybody's-friend kind of smile, he could be elected to Congress on the basis of public personality any day. Now he is shaking hands and beaming, now patting a friend on the back with generous familiarity, and now grasping an elbow intimately to whisper particulars into the elbow's ear. Unfortunately these personal forums were held under all circumstances: during scientific presentations, at the theatre, or on tours to monuments of pre-Cortesian culture. That I should miss some point about the pancreas was immaterial, but I regret not having been able to hear the guide at the Pyramids of San Juan Teotihuacán because the physician from Castile was volubly enlightening his friends at the same time.

Most of the South Americans and Europeans appeared able to converse in several languages; the physicians of North America, whether from Mexico or the United States, spoke either Spanish or English, no more. To overcome this barrier of language, a baby U.N. translating system had been installed in the hope that each speech might be provided with a concurrent translation into either English or Spanish as the case required. If a paper was delivered in Portuguese or French, translations into both Spanish and English might be attempted. Those wishing to hear the speech in any particular language merely put on their earphones and tuned their sittie-hearies to the proper channel.

The achievements of the translating system unfortunately did not measure up to its pretensions. In fact, if what we heard was a fair sample of what goes on in the U.N., it may be predicted that discord among nations will not be resolved. If the speaker read his paper, his tempo was usually so fast that the translator could not keep pace, even with a prepared translation available. If the speaker dispensed with a prepared text, the translators were even more at sea. As a result, the translation of a Spanish speech might come over channel 1 (channel 1 for English, of course) somewhat like this:

"In these condition, the pancreas show many lesions with early destruction of the-er-er-elements, which then are substituted by -er-er-sigh. These lesions are produce by impermeability in the ducts of the pancreas, which impermeabilities can be seen on examination pathalogic. Diagnosis is possible by passing a Miller-Abbott probe into the duodenum, which in pancreatic -er-er- alway shows er-er-sigh-SIGH!"

The translating system in a way typified the methods and appurtenances of the meetings in Mexico City—every effort was made to achieve bigness and éclat, yet to our tastes the results often smacked more of lemon soufflé than roast beef. The Latin American's love of show, his interest in the trappings of importance, was immediately evident upon entering the inaugural meeting. This, like all subsequent meetings, was held in a remarkably pleasant auditorium of functional design. From its walls hung the flags of all nations. On the stage stood a massive triple dais with the central rostrum about a foot higher than those flanking it on either side. Behind each dais sat a welcoming official. Behind these, in turn, appeared two or three rows of densely packed faces —whose they were I never knew. The whole group was framed by heavy black curtains which draped the rear of the stage. Above their heads hung a huge sign emblazoned with the full resounding Spanish title of the meeting. The whole setting, with the faces of the men cast into massive and angular masks by an oblique spotlight, lent the scene a strongly fascist flavor. A Hitler or a Mussolini might have suddenly popped up behind the massive tribune, and the serrated rows of faces might have risen en masse to shout a salute in unison.

One circumstance, however, destroyed any enduring illusion of fascism. In a fascist state, the boys on the stage are supreme. In our country, the audience is boss. In Mexico, both groups are under the thumb of a third party: the press. With the most uninhibited freedom imaginable, about 20 reporters and photographers, attended by a retinue of flood-light bearing pages, circulated around and through the meeting. The President behind the highest dais might be approaching the climax of his welcoming address—no matter— the photographers and the boys with the flood lights would calmly amble out on the platform to hold a stage-whispered colloquy right in front of the orator, thereby effectually screening him from his audience.

"Put the lights here—no, here—oh-oh, there's a plug pulled out; go fix it—well, better put the lights here after all."

After such preliminaries, the flood lights were directed blank into the speaker's eyes, the shutters clicked, and the photog-

Cathedral in Mexico City

raphers retired to the wings—but only temporarily. Soon others equipped with their own synchronized flashes would reappear at the front of the stage, turn their backs on the speaker, contort their bodies into the grotesque shapes apparently required of those engaged in candid camera photography, and take shots of an audience obviously magnetized by the antics of the photographer and quite oblivious of the speaker.

The photographers with their luminiferous attendants also walked freely among the audience, first taking this, then that man who was to achieve notability through publicity. This circumstance initiated a hotly competitive game among the Mexican doctors who had been designated as official hosts. As part of the Mexicans' meticulous attention to the details of hospitality, a Mexican physician had been assigned to attend the needs of each invited visitor. Often the host and the guest were old friends. In my case, for example, Dr. Ruperto Alvarado had worked for 10 months in our gastrointestinal clinic. For this reason, the official host often felt that the notability of his particular guest must be preserved and abetted at all costs. If a rival host achieved two pictures and one interview for his guest, the objective was clear: three pictures and two interviews were necessary. This game produced many nice pictures to keep as souvenirs, many nonsensical words usually misunderstood by the Spanish-speaking reporters, and, one might imagine, ulcerogenic frustration to the laboring speakers.

To a lesser degree, the veneration of publicity and the unrestrained license of the press persisted throughout the week of the meeting. A speaker engrossed in describing his favorite slide might suddenly become aware of swarthy shapes, squatting and gesticulating between him and the audience. Then suddenly lights would glare to blot out vision and disrupt thought. At times the whirr of a movie camera might compound the situation. In brief, the press behaved as if the fecal fat content in chronic pancreatitis had the sensational implications of a Congressional investigation.

Perhaps fearful that the barriers erected by language and photography might not permit adequate communication between

speaker and audience, some of the Latin American physicians had their speeches abstracted, translated into English and distributed as mimeographed copies. This was usually a great help and sometimes provided an insight not only into the speaker's subject but also into the practices of his medical society. For example:

"Cancer of the Common Hepatic Duct

A clinical history of a case, treated by the author, is presented in which he was able to verify the existence of a neoplasy by opening the common hepatic duct and obtaining material for a biopsy which was diagnosed histopathologically as Adenocarcinoma Broders III."

(Here follows a description of the treatment used.)

"Colic has not recurred for five months and the general condition is completely satisfactory.

The case presented adheres strictly to the facts."

As part of the organized attempt to render homage to the ego, each major scientific session had three "Presidentes," each "Presidente" occupying one of the three chairs behind the great dais. By this means, nobody was slighted, and each invited guest was dignified by at least a third a presidency. Unhappily for the "Presidentes", however, the screen used for demonstrating slides was placed in front of the dais in the general area occupied by the speaker and his photographic satellites. Thus, when slides were shown, the "Presidentes" faced an unhappy dilemma. They either could maintain their exalted position, at the same time assuming an attitude of superior indifference to their enforced ignorance of the speaker's slides; or they could shed their dignity as quietly as possible, duck behind the screen, stumble down the darkened steps, and seek some place in the undifferentiated mass of audience.

Although the auditorium was provided with a projection booth and a large screen (hidden on this occasion by the huge, title-bearing sign), these facilities were ignored in favor of a make-shift system. The projectors were placed on a table in the aisle and propped up with odds and ends, as in any hospital staff conference. Since an international variety of slides and transparencies was used, a constant trundling back and forth and propping up and letting down of the projectors took place, usually insuring an anxious hiatus of silence—at least on the stage—when a speaker asked for his first slide. Another problem—apparently insurmountable during the first days of the meeting—was the extinguishing of the lights. To darken the auditorium required a preliminary ritual: a ducking behind wings and a perplexed emerging, usually accompanied by the eternal gesture of a shrugged shoulder with extended, upturned palms, indicating no doubt that the switches had simply disappeared.*

The Mexicans' lack of dexterity with the technique of slide projection is a natural result of the fact that they—and other Latin Americans as well—prefer high-sounding medical oratory to an illustrated but more prosaic discussion. The pattern of many of the speeches was quite stereotyped. Almost invariably they were read, sometimes with expression and nuance, but always lickety-cut. No pauses, no repetition for emphasis, but a profuse flow of rhetorical phrases. The speech usually began with numerous polite references to the works of other physicians that time did not permit to mention, a practice which, it must be admitted, has its adherents north as well as south of the Rio Grande. The motives, however, may differ. The Latin American lists the names of other workers in his field because of his high sense of obligation to the rules of polite social behavior. In our country, the lecturer who hurriedly discusses matters that time will not permit is often bent on impressing his erudition upon the audience.

Although a time limit of 30 minutes was

*Comment of a Professor of Medicine: "This section reminds me of 95 per cent of all American medical meetings."

set on each major presentation, nearly every country was represented by its quota of windy ramblers. The North Americans should have known better, but the varied observance of time limits by Mexicans and other Latin Americans expressed the imperfect mixing of two different academic practices. The resounding cadences of the old-time orator obviously would regard a time limit with contemptuous indifference. Furthermore, any attempt by a Chairman to enforce a time limit might yield untoward results, is evident from the experiences of an American physician who was in Cuba to address a medical meeting. At this meeting, one of the preceding speakers rambled on so interminably that the American became fearful of missing his plane. He therefore requested the Chairman to remind the tireless speaker of the time limit.

"Oh, I couldn't do that," was the Chairman's rejoinder.

"Why not?"

"Why, he might challenge me to a duel."

At the meeting in Mexico City, the medical background of the Secretaries (who actually ran the meetings, rather than the unending procession of "Presidentes") must have varied considerably, or perhaps they wielded a rapier with varying degrees of dexterity. In any case, some of the participants had an alarm clock set over their speeches which were turned off as abruptly as the alarm itself at the end of 30 minutes. Others were allowed to babble on interminably. This uneven application of the rules should certainly have given rise to mortal offense, but to the best of my knowledge Secretaries, "Presidentes" and lecturers all left the meeting in the best state of health.

That is, in the best state of health as far as integrity of the integument is concerned, for the alimentary canal of the doctors from North America proved no more resistant to Mexican enteritis than does that of their patients. Like opinions in Boston on the etiology of ulcerative colitis, opinions in Mexico as to the etiology of local diarrhea are a matter of emotion. The Mexican physician, intensely nationalistic and justly proud of his country's tremendous advances, will not consider that the water or the food of Mexico City may be tainted. He is inclined to blame the diarrhea on the gluttonous habits of his visitors, whom he suspects of sampling all the Mexican dishes at one sitting and of washing them down with copious draughts of alcohol. If the visitor denies such indiscretions, the Mexican physician believes that the visitor is the vicitm of a psychosomatic disorder—he must be homesick, or he is jealous of his friend's better hotel accommodations, or he is merely giving vent to the frustrations that have beset him in the United States. At least, that is what my friend and host suggested as the underlying cause of my enteric complaints. He hardly could blame gluttony or alcoholic debauch since he had carefully chaperoned every morsel of food and gulp of liquid that I had ingested.

American and other foreign physicians residing in Mexico City tend to blame a "bug." Though some visitors must suffer from either a parasitic or bacterial attack on their digestive system, the manifestations and the course of the diarrhea do not suggest amebiasis or bacterial enteritis. A whispered comparison of symptoms among afflicted North American physicians revealed that the diarrhea started insidiously with the passage of a few foul, bulky and light-colored stools which floated on the water and looked like those passed by patients with sprue. The onset was not explosive, nor was it accompanied by nausea and vomiting, as is often the case with the so-called food-poisoning that occurs in New England during the summertime. In the succeeding days, the stools became more watery and more frequent so that the victim might suffer an urge as often as every 30 minutes. Yet the urge was a sensation of rectal fullness, a sensation which the unwary might interpret as the need for passing gas. Considering the frequency of the rectal discharges, painful cramps were remarkably infrequent. The symptoms that principally

Near Pyramid at Helena

disturbed the victim were consequently weakness and anal soreness. The appetite remained good, and there was no fever.

To me the diarrhea seemed more indicative of an interference with normal digestive and absorptive function than a parasitic infestation or a bacterial infection. Yet the physician who regards the diarrhea as the consequences of a "bug" treats it immediately with a few tablets of sulfasuxidine or capsules of aureomycin. Extensive stool cultures might help to settle the problem, but the necessary collections are not easily made. The tourist is more uncomfortable than incapacitated, and he is more interested in seeing the sights at Taxco and Acapulco than in collecting stool samples for some mouldy researcher.

Much of what has been written thus far suggests a condescending attitude towards our Mexican hosts. I have followed, indeed, the footsteps of a young surgeon who, after extensive travel and meticulous observation of clinics both on the Continent and in Great Britain, summed up his experiences in one succinct and devastating statement, "We're way ahead of them at the M.G.H." In this chauvinistic spirit, it is an easy matter to ridicule the techniques of a Mexican medical meeting and to disparage them in the light of our more efficient and more realistic practices. Yet in their very technical faults, the Mexicans manifest a greatness of spirit which we either lack or suppress. Their efforts to endow every aspect of the meeting, both social and scientific, with weighty importance and elegance were designed not only to satisfy their own needs but to please the visitor from the foreign country. It may appear ludicrous and totally out of proportion that each invited participant to the meeting should receive an embossed scroll designating him as an officially invited and honored guest of the City of Mexico, but it is also a touching testimonial of the efforts made by the Mexicans to please their guests. As in this instance, Mexican hospitality might express itself in an attempt to satisfy the egos of the guests; in other instances it was designed to please their stomachs, their sense of beauty, or their desire to widen their historical and archaeological orbits. Irrespective of its specific manifestations, the hospitality was magnificent.

On two of the many pleasant occasions which the Mexican physicians arranged for their guests, they not only exercised their great talent for hospitality but also let their pride in things Mexican be known. Unlike Peru or Ecuador, where the descendants of the Spaniards and the Incas go their separate ways with the conquerors despising the conquered, assimilation between the races has progressed in Mexico to the point where many an educated Mexican is proud both of his Colonial and Aztec past. It is therefore not surprising that we were taken to the Toltec Pyramids of the Sun and the Moon to see the wonders that the Indians had built. In a grove at the foot of the Pyramid of the Sun, we picnicked elaborately and were entertained by groups of native musicians and dancers who, perhaps to balance the cultural account, dressed, played, sang and danced with a strongly Spanish flavor. To culminate this afternoon of fervid hospitality, the wife of the President of the Mexican Gastroenterological Association presented a glamorous reboso to each of the wives and daughters of the invited guests. Into this scene of Mexican unreality, this shade at the foot of the Pyramid, this playing of soft guitars and Mexican harmonies, intruded the brash efficiency of culture in the United States. "Say, the color of this reboso isn't my daughter's style," said one of our number, "get me another one."

On another occasion the Palace of Belles Artes, a structure of opera house proportions, was given over to a Mexican fiesta, staged solely for the benefit of the Pan-American Congress in Gastroenterology. Performers from every state in Mexico, from Chihuahua in the north to Yucatan in the south, from Vera Cruz in the east to Oaxaca in the west, wore typical costumes and danced typical dances. The more typical it was the more the Mexicans liked it. For the non-Mexicans the show was equally enjoyable if less significant nationalistically. When the last tone on the marimba had been struck, we all crowded around our host to express our great admiration and heartfelt thanks. Again a nationality intruded itself, but this time it was France in the person of Mallet-Guy. In spite of our genuine feelings of appreciation, most of us had found ourselves uttering the usual banalities about enjoyable evenings and wonderful times, when up stepped Mallet-Guy, impeccable and suave. "Un spectacle magnifique!" he exclaimed, the rising inflection at the end capping the glamorous phrase with even greater innuendo of rapture.

The physicians of Mexico appear to be representatives of a vital people who have inherited great cultural and artistic talent from their past, and who now are ambitious to advance rapidly in all fields, including the scientific and technical. Their spirit is the very antithesis of that expressed by the traditional dozing Mexican slouched against a sun-baked adobe wall with his sombrero pulled down over his face. Because of their eagerness to achieve technological advance, and because of the geographical proximity of the United States as a ready source of supply, the Mexicans sometimes try to engraft practices and technical devices on their culture before it is ready to receive them. For this reason, their manipulation of a technique, such as the projection of slides at a medical meeting, may be awkward and inefficient. The point of greatest significance, however, is that they are willing to tackle these techniques, that with a few years' practice their medical meetings will run off as slickly as anyone's, and that within a remarkably short period they are converting themselves from a nation that was a nonentity as far as medical progress is concerned to one which is already producing outstanding investigators and practitioners of medicine. When Mexico's vast plans to build additional hospitals in the city and modern teaching facilities at its new University are fulfilled, there will be no lack of men adequate to staff these buildings.

And—oh, yes—what do these physicians of Mexico, or their colleagues from the North, East, South and West say about the pancreas? Well, nobody seems to know much about it.

# *Building D Gets its Face Lifted*

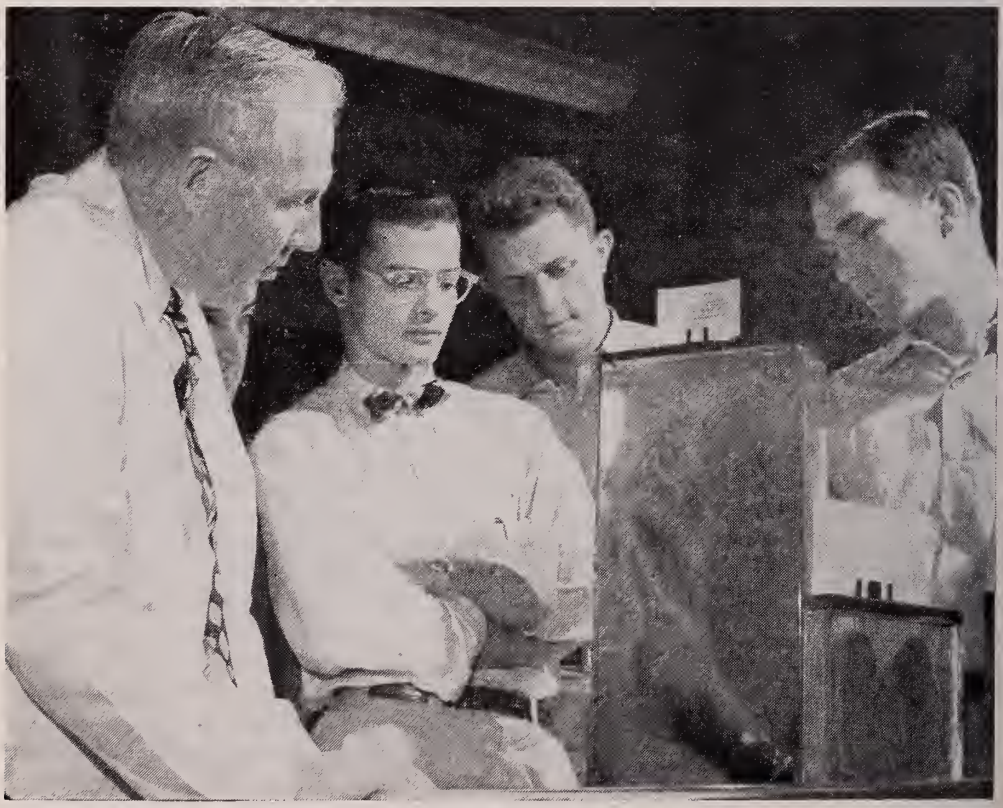
Arthur T. Hertig, '30

The receipt of a number of generous gifts has enabled Dean George P. Berry to implement the first of the major changes in modernizing the physical plant of the Harvard Medical School; the remodeling and refitting of the classrooms in Building D.

All Alumni, with the exception of those who transferred into the third year from other schools, will remember with mixed feelings the large, noisy, high-ceilinged rooms facing Longwood Avenue whose old paired benches sported outdated lighting and plumbing equipment. These student laboratories were designed during the early 1900's when good north light was the principal source of illumination for microscopes. Now all is changed.

Faced with the necessity of replacing all of the plumbing anyway and because the new integrated course of the Division of Medical Sciences needed a home laboratory for its 15 graduate students, Dean Berry decided that all four classrooms should be completely redesigned, re-equipped and redecorated. Old room 201 was modernized for the Division of Medical Sciences and the three remaining ones were completely remodeled for use of the Second Year medical students. The various pictures taken during laboratory sessions in Bacteriology and Pathology will give the Alumni some idea of how the students' classrooms have been improved.

The plans for modernization grew out of many conferences with members of the various departments which use these classrooms. Insofar as it is possible to have



Demonstration of fixed gross material to show that on occasion such specimens must still be used because comparable fresh material is not available for correlated teaching.

an all purpose classroom-laboratory the end result seems admirably adapted for teaching the courses in Bacteriology, Laboratory Diagnosis, Parasitology, Neuropathology and General Pathology. That this superb modernization was designed, executed and finished in time for the present school year is due largely to the efforts of Mr. Hooper and his associates of the Department of Buildings and Grounds.

The greatest single change in the classrooms resulted from dividing each large old room into two smaller ones. This necessitated rearranging the old paired benches into 3 larger units perpendicular to the windows and each accommodating 8 to 10 students. This new bench unit, with its 4 or 5 students on each side has a central stainless steel trough sink, modern plumbing and new electrical outlets. A modern microscope light has been furnished each student. A central raised shelf over the trough sink gives additional space for stain and reagent bottles, books and equipment. The bench tops were resurfaced with chemstone (asbestos fibers suspended in Portland cement) and the whole unit refinished. The central bench in each new laboratory holds 10 students whereas the two end ones accommodate only 8. At the end of each short bench there is a large stainless steel wash-up sink accommodating 2 students. Thus, in place of one wash-up sink for every 48 students in the large old laboratory there are now four sinks, for the 56 students in the 2 new laboratories created from the same space. Actually only 44 students are assigned to each pair of laboratories so as to distribute the class evenly throughout

A general view of a portion of classroom D 301A, obtained by dividing old 301 into two smaller units. The latter each have space for 26 to 29 students. Note the arrangement of desks, modern sink (2 in each room), new flooring, rack for rubber gloves, microprojection equipment and lightproof shades. (Sorry the lowered, soundproof ceiling doesn't show.)

the six new laboratories.

Adjacent to each sink is adequate floor space for the newly designed tables used for gross and other demonstrations. These tables have stainless steel tops, which are adequately pitched for drainage so that they may be properly washed. Large casters make it easy to move the tables from preparation rooms to the laboratories.

New adjustable but lower stools (modern medical students seem to be taller than they used to be) have been supplied to each bench space. The new stools have even been numbered, to correspond with the bench number. This may seem like "painting the lily" but the number on the stool identifies it for the student and saves him from continually having to readjust its height.

Although the old rooms have each been divided into two smaller ones, the benches rearranged, new sinks added and more useable floor space made available, there is now space for 15 additional students.

Each new room is a complete teaching unit in itself. The lowered, soundproofed ceilings for the first time make it easy for the instructor to be heard should he want to talk to the whole group of 20-22 students. The windows all have good light-proof shades and each room has its own beaded projection screen permanently attached to the end wall (formed by the newly installed partition). Each pair of new rooms has a kodachrome and microprojector available for use at all times. Also available is a Kodaslide Table Viewer, an excellent device for demonstrating 35 mm. lantern slides to small groups. Such projection equipment is kept in new locked cabinets which have been built in each laboratory. Thus, for the first time,

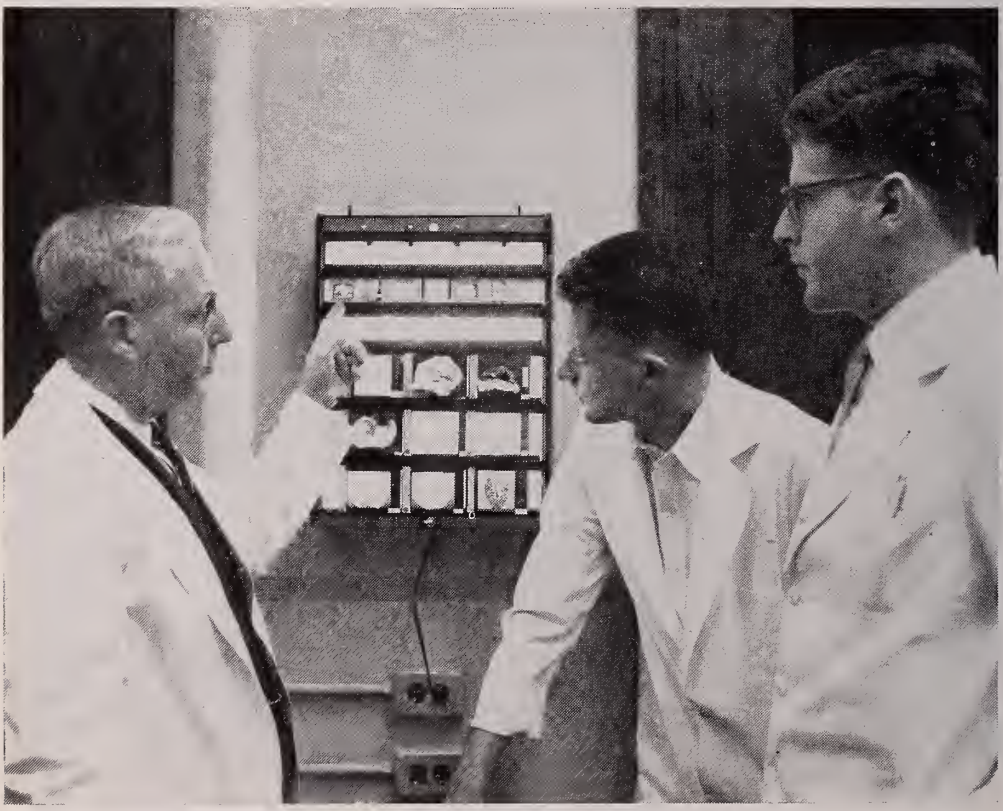


*Fig. 6.* The x-ray viewing box in D 301A (all rooms are so equipped) modified to hold lantern slides for special demonstrations. The rack is removable so that the box may be used for viewing x-ray films.

it is possible for an instructor to put on a special demonstration for his students without recourse to the large amphitheater.

Other special equipment has been designed or made available for small demonstrations. Each room has its permanently installed viewing box should it be desirable to demonstrate x-ray films. Frames for holding 35 mm. as well as regular lantern slides have been made to slip over these viewing boxes. It is thereby possible to put up in the classrooms significant lantern slides from a previous lecture should such a demonstration be indicated.

The special needs of courses such as the one in Laboratory Diagnosis have also been considered in designing the new laboratories. For example, special water taps for suction pumps, shelves with suitable electrical outlets for centrifuges and cabinets for colorimeters have been designed and installed.

There is now enough student space so that Parasitology may hold its demonstrations in the upper corner room, 301A, and still have space enough in the 5 remaining new rooms for all the students. Formerly the extra large classroom 201, now used by the Division of Medical Sciences, was used for demonstrations in the Parasitology and Neuropathology courses.

With all of the thought spent on the purely utilitarian aspects of modernizing these student laboratories, great care has been taken to make them attractive places in which to work. The lowered soundproofed ceilings make them quieter, the new fluorescent lights better illuminated, the new tile flooring more inviting, and the soft green paint more restful.

"Come up and see us some time."

A demonstration of fresh gross pathological material. Space is available in each new room to accommodate two new stainless steel-topped movable tables used in such demonstrations.

# *Our Senior Alumnus*

Dr. John W. Baker has the distinction of being our senior alumnus. Born in 1860, he signed the Matriculation Book on September 27th, 1877 and received his degree at Commencement, June 28th, 1881.

He can remember the old Medical School building—not the one on Exeter Street but the one on North Grove Street where Dr. Parkman came to his untimely end. He was taught by men always to be revered in our history: by such men as Dr. Holmes in Anatomy, Doctors Francis Minot and Calvin Ellis in Medicine, Doctors Henry J. Bigelow and David W. Cheever in Surgery and Dr. J. P. Reynolds in Obstetrics.

Students worked from nine until six every day in those times; the boys *learned* Anatomy, studying it every day for a whole year and they had to be prepared to answer at examination time without hesitation such questions as 'describe the structure of bone', 'describe the servitus magnus' or 'describe the corpus callosum'.

The cost of medical education was less expensive than now; students were charged only two hundred dollars for each academic year and one could enter the School with nothing more in the way of premedical preparation than a high school education, so that the admission problem was in no way acute. However, in part at least, owing to President Eliot's reforms, a man had to pass a written examination in each course before he could graduate. This particular reform when it was introduced was regarded as being very radical by certain of the Faculty; indeed there is good evidence to suggest that in really olden times many alumni could not write legibly and much less spell correctly, so that to make it mandatory to have written examinations predicated many failures.

The course—a three year course—was strictly practical. Just as it does now, it progressed in an orderly way from anatomy, chemistry and physiology to pathology, pharmacology and materia medica, and finally to medicine, surgery and obstetrics. Lectures, however, were much more important than they are today and there was less laboratory or practical clinical work. Nevertheless, the teaching was good. How would a man in the Class of 1953 discuss the following history which Dr. Minot put to his students in Dr. Baker's final year, with the note that an intelligent analysis of the case would have more weight than a hasty and inconclusive though correct diagnosis?

A boot manufacturer, 52 years old, examined in December, 1880. Parents healthy. One brother and two sisters died of some pulmonary disease, not improbably catarrhal pneumonia. Dyspnoea since the time of the great fire in 1872, steadily increasing, until it amounted to orthopnoea. Troublesome cough since 1875. Quite abundant mucopurulent expectoration. Occasionally pain in the left subclavicular region. Appetite fair until with the last few years. Bowels much constipated. A "feeling of coldness" in the latter part of the day, at times, but no fever. Pulse averaged 78, at time of visit 82. Weight had diminished in six years from 180 to 115. Strength pretty good until dyspnoea became troublesome. Oedema of feet and ankles within the last few days. Emanciation extreme, but no special prominence of clavicles. Heart pulsating violently in the epigastrium, where the sounds are very distinct and most so. No flatness in the cardiac region, but some fulness in the

centre of it. Chest resonant to the seventh rib in front and the twelfth rib behind; respiration heard over the same area, somewhat broncho-vesicular under the left clavicle. Expiration slightly prolonged.

Dr. Baker's scholastic record was uniformly excellent and superb in one respect. Dr. Holmes awarded him the grade of 98 in Anatomy and to be awarded so nearly perfect a mark by so critical a teacher and writer as Dr. Holmes surely represents high achievement.

Dr. Baker entered the Navy after graduation, serving as a naval medical officer until his retirement came due. As an alumnus of seventy-two years standing he has always set a notable example of loyalty by maintaining an active interest in the Harvard Medical School. Today he seems as much interested in it as when he entered so many years ago.

The Class of 1881 in 100 percent strength contributes to the Alumni Fund each year. Why cannot all graduates maintain so good a record of Harvard Spirit as that set by our Senior Alumnus?

# *Annual Dinner*

As previously announced to all alumni the dinner in conjunction with the Annual Session of the American Medical Association will be held this year at the Park Lane, Park Avenue, New York City on Wednesday, June 3, 1953.

Frank B. Berry, '17 President of the Association has arranged for a reception committee of New York alumni and their wives as well as the Dean and the Officers and Councillors of your Association.

Cocktails start at 6:30, the dinner is scheduled for 7:30, the cost $10.00 per person.

Tickets for the dinner will be on sale at the Harvard Medical Alumni Association desk in the registration area of the Grand Central Palace on Lexington Avenue, Headquarters for the AMA.

In addition to greetings from Dean George P. Berry, Thomas H. Lanman, '16, Director of Alumni Relations and Louis H. Bauer, '12 President of the American Medical Association, alumni and their wives will hear George W. Martin, Esq., A.B. '10 Harvard College, of New York. Mr. Martin is well known not only as a distinguished lawyer, a loyal and active Harvard alumnus but also as a raconteur and humorist.

To date 275 alumni and their wives report that they plan to attend. The Committee hopes to see you and your wife in New York and requests, to facilitate final arrangements with the hotel, that you pick up your dinner tickets as early as possible.

# *An Open Letter to the Alumni*

"Harvard must not lower its high standards of medical education. We feel sure our alumni will not allow the School's future graduates—for they will be our associates and our successors—to receive a poorer training. That is why we are now turning to our Alumni for help."

This statement prefaced the First Annual Report of the Harvard Medical Alumni Association's effort to help the School which was extraordinarily successful. All alumni should have received a copy of our Report and I hope you have all read it. On page 2, the Director of Alumni Relations said, "I had been told that we should be doing very well if we heard from a third of the alumni body in our first year or received as much as $60,000. The results—$113,849.99 from 2225 men, or 43% of the alumni body—speak for themselves. Our contributors include men from classes as early as 1881 and a very heartening number of our younger graduates. The class totals show that the bulk of our money came, as it rightly should, from those men in active practice, but we are particularly pleased at the healthy response from men already retired and from those as yet receiving only an intern's or resident's salary."

Although the second year of this effort is going satisfactorily, it seems clear that many of our alumni may not appreciate that this is an annual affair. Some alumni certainly gave more last year than it is reasonable to suppose that they would be able to give on an annual basis. The alumni should appreciate that this is their Association's project and through our Alumni Council, we have very considerable say as to how such monies should be spent. I can assure alumni that it is being spent solely to improve the quality of education that our School furnishes its students.

Tuition to the undergraduate college, in the larger universities, has increased about five times since 1915. Tuition to medical schools has increased only about twice.

We realize that all alumni of the Medical School whether Harvard or from other colleges, have a dual obligation, first to their own university of undergraduate days and, second, to their Medical School.

Inasmuch as the Medical School has given to us so much in making possible our happy and successful lives, free of restraint and checks, the alumni, I believe, would like to provide this same opportunity for others.

The need of the medical schools of today is for "hard" money, as provided by their own group and without "strings", as opposed to the "soft" money of the Federal Government.

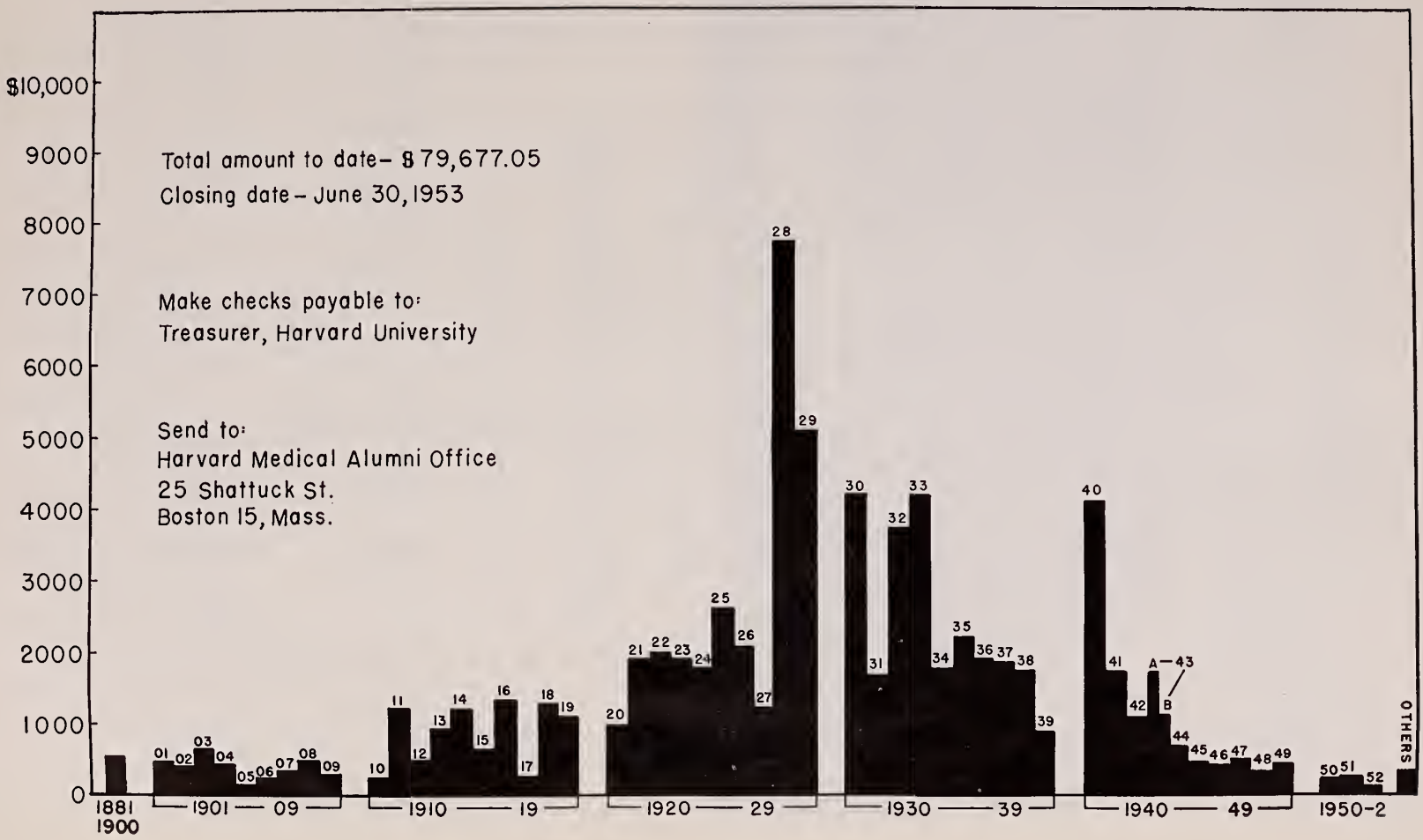
The functions of the Alumni Office include the seeking of help and advice from our alumni on matters such as the curriculum, admission of top flight men throughout the country and the fostering of better knowledge for the alumni of the various problems of the School, as well as the activities of the University as a whole.

As the president of the Association, I urge you to consider the needs of the School. We can be proud of what we have done and I am sure that all will want to have a part in this project. If you have not already given this year, I hope you will send in a contribution. The actual amount is a personal matter and I do not presume to set any figure, but do try to send something.

Always sincerely,

FRANK B. BERRY, '17,
*President*

# ANNUAL GIVING — JULY 1,1952 - APRIL 1,1953



# *Alumni Day*

Thursday, May 28 *Harvard Medical School*

Frank B. Berry, '17, President, Lewis W. Hackett, '12, President-elect of the Association and the Council will be here to welcome you

*Program*

Registration — 9:00 a.m. — Building A

9:30 a.m. Annual Business Meeting

10:00 a.m. — 12 noon Medical Symposia with the following members of the Harvard Medical School Faculty as speakers:

OLIVER COPE

*Associate Professor of Surgery*

"How Scientific Facts are Hamstringing Medical Education"

JOHN F. ENDERS

*Associate Professor of Bacteriology and Immunology*

"Recent Studies in Poliomyelitis"

ERIC BALL

*Professor of Biological Chemistry*

"A Harvard Experiment in Medical Education—The Integrative Teaching of the Basic Medical Sciences"

CLAUDE A. VILLEE

*Assistant Professor of Biological Chemistry and Tutor in the Pre-Clinical Sciences*

"Adventures with Metabolism of the Placenta"

SHIELDS WARREN

*Professor of Pathology, New England Deaconess Hospital*

"The Role of the Pathologist in Medical Research"

JOHN ROCK

*Clinical Professor of Gynecology*

"How to Get Your Sons"

*Amphitheatre*

12:30 p.m. — 2:00 p.m. Buffet Luncheon (rain or shine!) *HMS Quadrangle.* All alumni are guests of the Association

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# *Class Day*

Friday, May 29

10:30 a.m. — Class Day Exercises for the Class of 1953, *HMS Quadrangle.* A feature of the Exercises will be presentation of the Alumni Prize, awarded for the first time in 1951

12:00 noon — Class Day Luncheon, *HMS Quadrangle.* All alumni are guests of the School

# *The Medical School Etching*

Response to the inquiry about Elizabeth O'Neil Verner's etching of the Medical School in the January issue of the BULLETIN was prompt and enthusiastic. The interest justified the Alumni Office in following through with their preliminary plans. Proofs were carefully studied and compared with Dean Berry's original copy. The final selection most closely approximating Mrs. Verner's original has a slight yellow tint giving the print a warmth and depth impossible in a stark black and white.

The prints have been made up in a size 13½x9¾ and will be shipped flat from the bindery ready for framing, at $5.00 each.

The Association also experimented with different types of frames. The copy now hanging in the Alumni Office has a ¾" brown stain frame 18x21½ inches.

For the convenience of interested alumni the attached business reply envelope has been designed as your order blank. Checks may be enclosed, postage is prepaid and you may indicate on this, varying addresses if you wish the print shipped to someone else as an individual gift.

Production is underway and Mrs. Verner's print of the Harvard Medical School is now available for immediate delivery.

# The Stethescope

This column made its first appearance in the October 1948 issue of the BULLETIN. The Editorial Board of that era conceived the idea that a short, inconsequential account of the School in each issue as gleaned through the ears of some Young Stethoscopist might interest its readers . . . To find a suitable title for the column was easy; to determine whether or not anyone would ever read it was much more difficult. Indeed, one of the most perplexing questions which the Editorial Board of the BULLETIN has always faced has been to ascertain how many members of the Alumni Association ever read the periodical with any regularity or enjoyment . . . The word "stethescope" was used deliberately. The reproduction of an ancient stethoscope at the head of the column—it was hoped—would make clear to any readers what was the purpose of the column. Yet since the column was designedly eccentric and more important still, since the Editorial Board wished to know whether it would ever prove readable, the word "stethescope" was coined to see if so peculiar a word would attract any comment . . . Nobody has paid much attention to the "Stethescope" so that as a column it has amounted to little. However, the fact that three letters were printed in the most recent number of the BULLETIN, each commenting on the use of the word "stethescope" suggests that certain readers would do well to renew their acquaintance with Dr. Oliver Wendell Holmes, H.M.S. 1836 . . . A little over a hundred years ago, when the art of auscutation was new and its value was uncer tain, he introduced the "Stethoscope Song". The tune that he used is lost, but his words remain . . . The story of the song is simple enough; it is about a young Boston doctor who procured a new stethoscope, with an ivory cap and a lovely polish. Unfortunately a couple of flies housed themselves in it so that whenever he used the instrument he heard noises that would have perplexed Laennec and he made elaborate diagnoses that were invariably wrong. At last six pretty maidens, who were growing pale and had taken to sighing or to eating such things as coal or chalk, consulted him. Naturally, because of his zeal in using his new instrument, the young doctor was not interested in anything so commonplace as questioning them, but he heard such ominous buzzings in their chests when he listened that he felt sure they all must die. However, before this happened, six young men fell in love with them, married them and at once they grew well. . . . The last verse may be worth quoting for the benefit of readers of the BULLETIN who deplore the use of the word "stethescope".

> Now use your ears, all you that can,
> But don't forget to mind your eyes,
> Or you may be cheated, like this young man,
> By a couple of silly, abnormal flies.

Certainly such readers have been easily cheated by a single, silly, abnormal word.

# Correspondence

## REMARKS ON MEDICAL EDUCATION

I

Only rarely do we have the chance to "see ourselves as others see us." After reading Dr. Swan's article (In Defense of Medicine as a Profession. *Harvard Medical Alumni Bulletin,* Jan., 1953) my ego-image has become transformed. I am obviously a monster from a Bosch painting, trying single-handed to destroy the foundations of medicine and medical education.

I feel, however, that somewhere there is a certain lack of clarity. Medical education is a fine thing. Other things being equal, the more of it we have, the better. Other things being equal, four years of residency would yield a better trained physician than will a single year of interneship. Only the dimly witted would claim otherwise. But "other things" are not equal. Economic principles and the assimilative capacity of the human mind prevent "things" from being equal. The harsh realities of life will compel us, willy-nilly, to give up some of the alleged training.

In French Equatorial Africa, I am told, there are modern, well-equipped hospitals where native surgeons perform all manners of major surgery. A colleague of mine, an eye-witness, described to me the amazing skill of these natives who never had any formal medical education in our sense, but learned by the apprentice method. This is an adaptation to circumstances. It does not follow (and I hope Dr. Swan won't draw the conclusion) that I advocate restricting surgical privileges at the Peter Bent Brigham Hospital exclusively to illiterate African natives. Such restrictions would, in my opinion, be distinctly unwise. But it does follow that much of what we call the modern practice of medicine does not require the type of preparation which we demand.

I believe the public will find that out. When in terms of time and money the cost of medical training becomes too high for public acquiescence, then there will be drastic changes. I believe that these changes are going to come, and that it is the part of wisdom to anticipate them. Dr. Swan does not believe that they will come.

In the nursing profession, during the War, there was a great discovery: a girl did not require three to five years of professional training in order to carry trays, make beds, and give baths. It was found that a lesser degree of training, for a different group of individuals, sufficed for the performance of these necessary functions. In the profession of medicine we may realize, in time, that every practicing physician does not require the training suitable for a Professor of Physik.

II

In professional training a liberal education, however desirable, is in no sense essential. This view stems from my inherent democratic sympathies. A liberal education is good, for *all* who have an adequate amount of cerebral cortex. It is not a special prerogative of professional men. In the matter of general education we must beware of smug chauvinism. The carpenter, the gasoline station attendant, and the bond salesman, would all function better, would be better all-round men and therefore better workmen, with abundant tincture of liberal studies. But just as you can work with wood, pump gasoline, and sell engraved paper, without much knowledge of literature or art, so too you can remove an appendix without deep acquaintance with English literature.

In a small group of about 20 medical students (they were not Harvard men) I found that not one had so much as heard of Samuel Richardson, and none had ever read *Erehwon.* Only one had even heard of it. No one deplores these deficiencies more than I. But I am confident that these students will still make fairly good practitioners of medicine.

Much of the talk about liberal education sounds like the political speeches favoring low taxes and high incomes, and prosperity for all. Very desirable, but hard to attain. I am the very last person to deny that a liberal education is very advantageous for a physician. But, unlike Dr. Swan, I am seriously concerned with the problem, who is going to pay for it? We all know of the surgeon who, on request, sent an itemized bill:

For cutting and sewing, two hours. $ 20.00
For knowing how and where to cut. $ 480.00

But suppose he added on an additional item:

For knowing a lot about Plato and Beethoven. $ 200.00

Well, the patient wouldn't take kindly to the idea.

If liberal education is so important, why do not the medical faculties *do* something about it, apart from looking down their noses at college faculties; who in turn look down their noses at our secondary schools; who in turn look down their noses at parental influence upon little moppets? How much history, philosophy, economics, sociology, and literature are *required* for admission to medical school, in the same way that chemistry and biology are required? The only measure of value that we have, is the query: What are you willing to give up in exchange for what you want? If you aren't willing to give

up very much, then you can't want a thing very hard. Is a liberal education, with its cultural, ethical, and spiritual qualities that Dr. Swan talks about, sufficiently important that we should reduce the number of hours in anatomy, pharmacology, and genito-urinary surgery? With the time so garnered, should we introduce courses in philosophy of science, ethics, sociology, and literature? If medical educators howl about the importance of "ethical relations", "values", and "insight", and the like, let them do something besides view with alarm. Let them condemn themselves and not someone else, for not furnishing these desiderata. The requirements for admission to medical schools, and the various curricula themselves, are eloquent witness of the *real* value of so-called liberal education in our present scheme of medicine.

*Res ipsa loquitur.*

Lester S. King, '32

To the Editor:

I have recently read the most interesting article, "Roundsmanship," by that erudite scholar and accurate observer, Henry J. Bulfinch, '56, which appeared in the Harvard Medical Alumni Bulletin for January, 1953, Volume 27, page 26. Much as I enjoyed reading this piece, I also felt a little sad, since I must confess that a similar thought has been in my mind ever since my first introduction to the magnificent works of Stephen Potter.

I should like very much to receive permission to reprint this article in an early issue of our publication, "The Bulletin of the University of Minnesota Hospitals and Minnesota Medical Foundation." This, of course, would be done with appropriate credit. I believe that a learned discussion such as Bulfinch's should be widely disseminated, and I would like to bring it to the specific attention of the readers of our publication.

Thank you for your consideration in this matter, and with best regards to Bulfinch,

Robert B. Howard, M.D.
*Editor*

To the Editor:

At a recent meeting of our fraternity, Nu Sigma Nu, Dr. David Seegal very humorously read us the recent bit of prose by one Bulfinch, '56. I am interested in obtaining several copies of the article on "Roundsmanship" so that we can adapt it for one of our class shows. Dr. Seegal suggested that perhaps you might be able to help.

I fear that the local group of Harvards refuse to part with their copies of the Bulletin. I do hope that you can help.

William F. Bernart, Jr., '54
College of Physicians and Surgeons
Columbia University

Dear Mr. Bulfinch:

Let me add my congratulations to those of others on the excellence of your recent article "Roundmanship" which appeared in the Harvard Medical Bulletin, 27: 6-10, January, 1953. One of Harvard Medical School's more illustrious alumni, Dr. Henry Pinkerton, professor of Pathology at St. Louis University and one of Harvard Medical School's less illustrious, namely I, howled with laughter while reading it.

The article has wide application, to which even Yale men are not invulnerable, since Dr. Colbert, our new dean from the latter institution, thoroughly enjoyed your article too.

This letter has a second facet; the medical profession would gain from a wider distribution of your manuscript. Would you give permission to reprint your article in its entirety in "The Medical Bulletin of St. Louis University" to appear in the April or May issue? Of course adequate recognition of the site of original publication would be given.

Yours sincerely,
The Medical Bulletin
E. A. Doisy, Jr., M.D., '44
*Editor*

Henry Jacob Bulfinch, '56 (gambit to emphasize jeunesse)
℅ Editor, Harvard Medical Bulletin
Dear Mr. Bulfinch,

Your article on Roundsmanship in the January, 1953 Bulletin was excellent. Because you are apparently still an undergraduate it seems possible that you have had co-authors unnamed or advice or suggestions from Rowmen or others. Perhaps you will not take amiss a few comments from one who has sat in the various positions outlined but who has Not Yet Arrived. As you progress through internship, assistant residency and residency to junior attending surgeons, etc. at various teaching institutions your point of view on some of these points will change. The gentle art of "one-up ness" at each level is different. For the student it is grades, therefore the ploys and gambits are directed to whichever source is most likely to be productive of the desired grade or desired internship or whatever. For the intern, it is the assistant residency, and so on up the scale. For the junior attending (which is where I am now) on a University ladder it is the next rung up. It may be an invitation to speak or to join a select society or whatever, but there is a different approach to the "one-up ness." First, it must be infinitely smoother, since a competition gets much keener as the neophyte learns the ploys and gambits and learns the give and take of "infighting." The play is often faster, since the opportunity for play is provided less often (one being busy in many plays at once, of course,

whereas the Houseman is busy in only one play at one place).

One tried and true ploy is the Interruption to Add (in GREAT HUMILITY) the hitherto Unmentioned Fact. This Fact should be ascertained from the patient in a secret interview the night before his presentation, or by knowing the results of a lab test as yet unknown to the Houseman, and more important, to any of the Rowmen. Thus, the patient with jaundice tells you last night that he has just remembered that he *did* receive an injection of a blood product two months ago in a doctor's office. This point has been specifically denied in the careful history taken by the Houseman. The best ploy is to tell the patient that this is an unimportant feature of his history so that he will not tell anyone else. Then at Rounds, this fact is elicited by direct questioning of the patient to the complete consternation of all others present, except He Who Has Arrived, who immediately makes a note in his book to propose you for membership in the American Surgical Association.

It is always of value to have seen x-rays in detail before their presentation and to be aware of something like a cervical rib in a chest film which is presented because it shows an aneurysm of the ventricle. The opportunity comes when the emphasis on the rare heart lesion diverts attention. Then the THRUST. The casual question, the rising inflection, the devastating shaft, "could some of the arm pain be due to the cervical rib not previously noted." The look of horror on Houseman's face, the stern glance on Attending Man next up the ladder as he gazes at quivering Houseman. Ah. These are the moments.

One notorious trap is to send in a patient and then arrive later for the ploy only to have it backfire. For example, send a patient with a lung abscess in to the Massachusetts General and then walk in four hours later, meet everyone for Rounds and suddenly stop to sniff the air suspiciously, then ask the Houseman "Is there a patient in the house with a lung abscess? I seem to detect the characteristic odor!!" This fails utterly if the patient has not arrived, so that a little checking beforehand is advisable.

The rapidity of the reply is essential. "One-upness delayed is one-upness denied." When the One Who Has Arrived makes rounds and asks Junior Attending Surgeon, "Where is that patient with the sigmoid carcinoma that you resected yesterday?", the ANSWER is "In the bathroom moving his bowels, sir." This is the Reply Compleat.

One minor note on Diversionship. While scrubbing for an operation in the same scrub room with "One Who Has Arrived" it is essential that a busy play of whispered and inaudible conversation be carried on between Houseman and Junior Attending, the latter adopting the initiative, of course. This immediately makes the One Who Has Arrived sure that (a) he is losing his hearing and (b) something concerning him or his service or other activities has gone amiss and nothing has yet been said to him. The inevitable uncertainty in the mind of SENIOR will lead him to seek a closer alliance with JUNIOR in order to learn what news he may have regarding matters of which SENIOR should be informed but has not yet been. This alliance can not fail to be a friendly one and when finally the question direct is being put, JUNIOR need only to reply that he had recently heard a rumor that SENIOR was leaving to become the professor of surgery at Northwestern or something like that.

Finally, a ploy of only occasional usage but nonetheless valuable. That is being called out of Rounds by an urgent telephone call, preferably by a sympathetic nurse who is a "name dropper" or who can say with a straight face, (this being Thursday) "The patient you did the total gastrectomy on last Monday feels so well he wants to go home today, may he?"

You and Mr. Potter have done the profession a great service; you are to be commended for your Message.

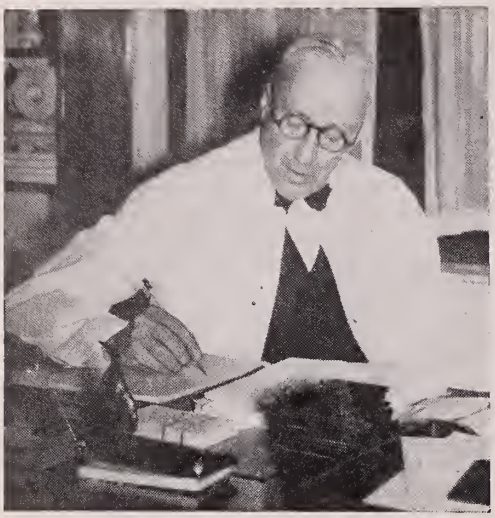
Yours very truly,
W. F. Pollock, '43

To the Editor:

Congratulations to Henry Jacob Bulfinch, '56, who "While still a student" and indeed in his first year has so accurately caught the spirit of Grand Rounds. While thumbnailing some strategic plays of Housemanship, Frontrowmanship and Secondrowmanship (in that order!) he has raised Backrowmanship to a new pinnacle.

George B. Hutchison, '51

# *William Carter Quinby 1877-1952*



It is with regret that we realize the loss of companionship of a friend, but at the same time it is with significant pride that we salute one whose life was dedicated to knowledge. His intellectual spirit bridged the gap of two eras—holding the art, culture and propriety of the 19th century apace with the demanding science of recent years. The incisive wit, intrepid courage, stimulating spirit and unbending right of this teacher has forged a permanent record in the minds and hearts of Harvard Medical students and faculty for more than four decades.

William Carter Quinby was born May 26, 1877, at Worcester, Massachusetts, the son of Dr. and Mrs. Hosea Mason Quinby. His future life reflected constantly the strength and force of his New England physician-father's home. Following graduation from Dalzell's School in Worcester he matriculated at Harvard, received his A.B. degree in 1899 and M.D. degree in 1902. For two years he served as a house officer on the Surgical Service of the Massachusetts General Hospital where his fundamental physiologic approach to surgery was established. Subsequently he became associated with one of his surgical mentors, Dr. C. A. Porter. He was married to Marguerite Elizabeth Thayer at Worcester, January 29, 1910. In 1912 he departed from Boston to take charge of the research in the Brady Urologic Foundation at Johns Hopkins Hospital under Dr. Hugh Hampton Young. In 1916 he was called from Baltimore by Dr. Harvey Cushing to become the first Urologic Surgeon to the Peter Bent Brigham Hospital, the young teaching hospital of the Harvard Medical School. He continued in this capacity to the Brigham Hospital and as Clinical Professor of Genito-Urinary Surgery at Harvard until he became Professor *Emeritus* in June 1941. He moved his office to 101 Bay State Road for a short time; when the Harvard 5th and 105th General Hospital Units were activated in World War II, he returned to the Brigham and served as Urologic Surgeon for the ensuing four years and resumed his duties in charge of teaching Urology to Harvard students during this time.

In March 1946 he again evidenced his tireless energy by opening an office for practice of Urology at 1101 Beacon Street but in September 1947 was recalled by the Brigham Hospital and Harvard Medical School to discharge the duties of the Chief and Professor of Surgery respectively, following the death of Elliot C. Cutler, the Moseley Professor of Surgery. Following the assumption of duties as Moseley Professor of Surgery in July 1948 by Dr. Francis D. Moore, Dr. Quinby again resumed practice and fulfilled the important role of consulting Urologist to the Brigham and Children's Hospitals for three more years until stricken by illness in June 1951. In characteristic manner he continued throughout his long illness to manifest an active interest in and to lend his support and strength to the surgical service of his Hospital and Medical School until his death on December 31, 1952 at the age of 75 years.

In 1923 he was sent to London in a triple capacity to represent the Brigham Hospital, Harvard University, and the American College of Surgeons on the oc-

casion of the 800th Anniversary of the founding of St. Bartholomew's Hospital. In the early 1930's he was active in the Harvard Fund Council and later served as head of the Doctors' Division of the Greater Boston Community Fund.

Dr. Quinby was a member of the Board of Trustees of the Boston Medical Library and its treasurer from 1937 to 1945; for twenty years he served on the Board of Editors of the Journal of Urology; in 1929 he was President of the American Association of Genito-Urinary Surgeons, President in 1938 of the Clinical Society of Genito-Urinary Surgeons and President from 1936 through 1938 of the Boston Surgical Society. Among the clubs and professional societies of which he was a member were: The Harvard Club of Boston, The Country Club, Brookline, the Aesculapian Club (one of the Charter members and founders), the American Association for the Advancement of Science, American Academy of Arts and Sciences, Massachusetts Medical Society, Suffolk District Medical Society, the New England Surgical Society, American College of Surgeons, American Medical Association, American Urological Association, Society for Clinical Investigation, Surgical Research Society, and the American Physiological Society.

Dr. Quinby was a noted teacher of active reasoning, and his ward rounds were classics of logic and of the art of accurate self-expression. His healthy realism contained no time or space for those desirous of the passive absorption of knowledge, and his intellectual honesty fairly pierced the hapless one on Thursday afternoon ward rounds who resorted to the circuitous evasion of "feminine reasoning" to hide dereliction of duty or ignorance of facts. His concise thinking and emphasis of fundamentals have made permanent contributions to generations of medical students, house officers and residents. His clear logic, dignity and strength were accompanied by a discerning witty humor which though at times caustic was never without sensitivity and ultimate understanding. His methods of teaching drew deeply from his own resources and required of his apprentice his best metal. His major contribution as a teacher was an uncanny ability to inspire the student to think—whether he wished to or not.

As a surgeon his approach was direct and his technique facilitated by natural dexterity and even more by precise judgment. Impatience was manifested at cloudy thinking, laziness and thoughtless action in the operating room as well as on the wards. Approbation was shown by a wink and nod but never by verbosity. Sound economy of word and action characterized this great effective scholar. Quiet respect and loyalty to the real virtues were dominant traits.

His interest in progressive thinking in surgery was a constant stimulus to all associates. In the research laboratory at Harvard and Johns Hopkins are recorded his contributions in vascular, pulmonary, renal, ureteral and prostatic surgery. In the literature are found his contributions to clinical surgery especially with reference to congenital anomalities, cancer, hemostasis, infection and prostatic surgery. His writings exhibit a clear, forceful style that reflects the Spartan spirit and strong mind. His pattern may be emulated successfully only by thorough consistency and constant determination for perfection.

His chief hobby for many years was photography to which he applied himself with his usual zeal and desire to achieve the best. His efforts in photography showed the excellent result of native artistic ability combined with a thorough basic knowledge of the subject. Many vacations were spent with Drs. S. Burt Wolbach and Francis C. Newton canoeing, fishing for trout and hunting the ruffed grouse at the Orleans Club, Quebec on the waters of Jeanotte. For years he had been interested in sailing and had been a very active navigator of the New England coast from the Cape to Nova Scotia. His seventy-five years were complete with a sustained virility of mind, heart and action.

J. Hartwell Harrison, M.D.